UNITED
NATIONS

E

Economic and Social
Council

Distr.
GENERAL

E/CN.4/Sub.2/AC.4/1996/3
11 June 1996

Original: ENGLISH

COMMISSION ON HUMAN RIGHTS

Sub-Commission on Prevention
of Discrimination and
Protection of Minorities
Working Group on Indigenous Populations
Fourteenth session
29 July-2 August 1996
Item 5 of the provisional agenda

REVIEW OF DEVELOPMENTS PERTAINING TO THE PROMOTION AND PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS OF INDIGENOUS PEOPLES: HEALTH AND INDIGENOUS PEOPLES

Note by the secretariat

1. At its thirteenth session, the Working Group on Indigenous Populations decided to consider the question of health and indigenous peoples as a sub-item of its agenda item on the review of developments. The decision was welcomed by the Sub-Commission on Prevention of Discrimination and Protection of Minorities in its resolution 1995/38 of 24 August 1995 and the Secretary-General was requested to invite Governments and intergovernmental, indigenous and non-governmental organizations to provide information, in particular on matters relating to indigenous health, to be made available as a background paper at the fourteenth session of the Working Group. The purpose of the present note and addenda is to identify some of the issues that could be considered in the course of the discussions under the sub-item and make available, through addenda to the present document, information received from the parties concerned.

2. In accordance with resolution 1995/38 of the Sub-Commission, the Chairperson-Rapporteur of the Working Group, Ms. Erica-Irene Daes, wrote to the Chairman-Rapporteur of the Board of Trustees of the Voluntary Fund for Indigenous Populations, Mr. Willemsen-Diaz, to inform him of the decision to highlight the question of health and indigenous peoples at the 1996 session of the Working Group. The Board of Trustees took this information into account when it made its recommendations to the Secretary-General for travel and daily

allowance grants for indigenous participants to the Working Group. The Chairperson-Rapporteur of the Working Group also held consultations with the World Health Organization and invited representatives to participate in the Working Group.

The need for considering the issue of health and indigenous people

3. The health conditions of indigenous people are recognized to be generally worse than those of the national populations in the countries in which they live. The first Workshop on Indigenous Peoples and Health in the Americas held in Winnipeg in April 1993 under the auspices of the Pan American Health Organization (PAHO) noted the alarming health situation confronting some indigenous peoples of the continent and recommended that PAHO and its member Governments take immediate action to identify priority areas and the neediest populations. Resolution V adopted by PAHO recognizes that "the living and health conditions of the estimated 43 million indigenous persons in the Region of the Americas are deficient, as reflected in excess mortality due to avoidable causes and in reduced life expectancy at birth, which demonstrates the persistence and even the aggravation of inequalities among indigenous populations in comparison with other homologous social groups". 1/

4. Governmental statistics point to the higher infant mortality rates, lower life expectancy, and greater morbidity and chronic illness of indigenous people in comparison with the wider population in national societies. Comparative disadvantage in the health situation of indigenous people prevails worldwide, including in rich countries where some groups are affected by malnutrition arising from protein and calorie deficiencies. Indigenous people are particularly subject to infectious and parasitic diseases and some peoples, for example relatively isolated forest-dwelling peoples, can be extremely vulnerable to imported illnesses against which they have no immunity. Under certain circumstances, even the common cold can be fatal. Tobacco and alcohol are widely used and cause great harm among indigenous peoples. Mental health disorders and psychological problems, depression, stress-related disorders including violence against others and suicide are growing concerns among indigenous people. Problems related to alcohol and other substance use are also a matter of special consideration.

5. The right to health is recognized in article 25 of the Universal Declaration of Human Rights and article 12 of the International Covenant on Economic, Social and Cultural Rights. The draft United Nations declaration on the rights of indigenous peoples, as adopted by the Sub-Commission on Prevention of Discrimination and Protection of Minorities, also contains a number of specific provisions concerning the health of indigenous peoples, in particular articles 22, 23 and 24. The International Labour Organization's Indigenous and Tribal Peoples Convention (No. 169) also includes in its Part V provisions relating to indigenous health. Finally, reference can be made to General Assembly resolution 48/163 in which the Assembly proclaimed the International Decade of the World's Indigenous People and identified as one of its goals the strengthening of international cooperation for the solution of problems facing indigenous people in the area of health.

6. The World Health Organization (WHO) is charged with the responsibility of promoting and coordinating international health work, so as to bring about a steady improvement in the public health situation and in the health status of all peoples. In May 1977, the World Health Assembly adopted resolution WHA30.43 which stated that the main social target of Governments and WHO should be the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. In 1979, resolution WHA32.30 endorsed the Declaration of the International Conference on Primary Health Care held in Almaty in 1978, and invited Member States to formulate national policies, strategies and plans of action based on primary health care for attaining the goal of health for all by the year 2000. Of relevance also is the International Conference on Nutrition organized by the Food and Agriculture Organization of the United Nations (FAO) and WHO in December 1992 which resulted in a World Declaration and Plan of Action aimed at achieving adequate household food security, health and nutritional well-being for all through sustainable and environmentally sound development.

7. In 1981 the Global Strategy for Health for All by the Year 2000 was adopted by all Member States. This is the framework for action at the international level and the present focus of the Health for All strategy is on equity and access to health services. The forty-seventh World Health Assembly, through its resolution WHA47.27, called upon the Director-General to increase cooperation between WHO and other United Nations organizations to help meet the health needs of indigenous people, to provide Member States with technical support, and to assist Governments and indigenous people in addressing indigenous health needs in a culturally effective manner. The forty-eighth World Health Assembly, through its resolution WHA48.24, requested the Director-General to report to the forty-ninth World Health Assembly on the measures taken, including those at regional level, on the implementation of its resolution 47.27. At the forty-ninth World Health Assembly, the Director-General informed the session of the designation of Dr. A. Koné-Diabi, Assistant Director-General, as focal point for the International Decade of the World's Indigenous People, and made recommendations for future action. These recommendations include a commitment to consolidate WHO's work and cooperate with national Governments and organizations of indigenous people, and to participate in the health-related discussions at the fourteenth session of the Working Group. The World Health Assembly, in a resolution adopted at its forty-ninth session, requested the Director-General to strengthen the focal point and to submit to the ninety-ninth session of the Executive Board a comprehensive programme of action for the Decade, developed in consultation with national Governments and organizations of indigenous people, to be undertaken by the World Health Organization at both headquarters and regional levels, with a view to achieving the health objectives of the Decade.

The social and cultural context of indigenous health

8. All over the world indigenous people are affected by poverty and below average living conditions. They have generally less access to education, health services, employment, adequate housing, basic water and sanitation than other sectors of society. In practice, these factors contribute to the poor health situation of indigenous people. Certain indigenous peoples are affected by serious nutritional deficiencies as a result of poverty and

limited availability of food, leading to higher rates of infant mortality and incidences of illnesses such as tuberculosis. 2/ The most significant consequences of substance use amongst indigenous people are those associated with health damage, social disruption and destruction of indigenous culture and values; in some communities they pose the greatest threat to their very existence. Indigenous peoples, particularly in rural areas, are faced with the problems of unequal access to health facilities and services. This is due both to the general isolation of some indigenous people and poverty which severely limits their ability to pay for medical attention. 3/

9. The loss of the traditional lands and natural resources of indigenous peoples has been identified as a major cause of the deterioration of their health. The loss of land and resources undermines and, in severe cases, can lead to the breakdown of indigenous food production systems. The reduced reliance on locally produced foods and on fishing, hunting and trapping has resulted in less food intake as well as nutritional deficiencies. Indigenous people who have lost their territories or whose access to a land base is restricted are often reduced to dependence on cheaper, unsuitable and unhealthy foodstuffs brought in from outside.

10. Indigenous lands are also particularly affected by environmental degradation and pollution. It may be noted that, in the last decades, areas occupied by indigenous people have been subjected to intensive development. This has taken the form of mining, hydroelectric, logging and agroindustrial development as well as settlement by non-indigenous peoples. These activities have often resulted in adverse social and environmental impacts for indigenous peoples. A report of the United Nations Centre on Transnational Corporations (E/CN.4/Sub.2/1991/49) identifies a number of effects including the alteration of streamflows, habitat loss, soil erosion, disruption of aquifers, toxic discharges, and deteriorating water and air quality which cause reduced crop yields and fish harvests, poor quality diets, stress, the introduction of disease, family and community break-up and declining health conditions. Non-indigenous people are also adversely affected by environmental degradation. However, whereas non-indigenous peoples can relocate with less long-term damage to their communities, indigenous peoples experience a break from their ancestral lands and history and eventually risk a loss of cultural identity. In extreme cases, indigenous people so distraught with the loss of their lands have resorted to suicide.

11. The process of acculturation, for a long time part of the official policy of States, has been responsible for a devaluing of indigenous cultures, a lowering of individual self-esteem, and disruption of social and community organization. Indigenous people consider that this form of often forcible integration has resulted in marginalization and cultural disintegration. The effects of acculturation may manifest themselves in high incidences of stress-related illnesses, domestic violence, self-inflicted damage, and harmful alcohol and other substance use.

12. The social and cultural context of indigenous health is complex. Diverse and interrelated factors contribute to a continuing health disadvantage for many indigenous people. Limited access to health services is not the only or even the principal cause of the generally worse health situation of indigenous people. The loss of lands and resources, inappropriate governmental policies

of acculturation and poverty are especially relevant contributing factors. Indigenous people themselves refer to the need to re-establish control over their own affairs as a fundamental basis for the improvement of living and health conditions.

Indigenous approaches to health

13. Western medicine is indebted to indigenous and traditional healing sciences and practices. For example, it was the Jivaro people of the Amazonian region who taught the world how to combat malaria with quinine, an alkaloid extracted from the bark of the Chinchona tree. In Quebec, the French explorer Jacques Cartier depended upon indigenous remedies based on the bark and leaves of the white cedar tree to fight scurvy. The alkaloid emetine, derived from the roots of the plant ipecacuanha now used as a treatment against amoebic dysentery, was discovered after observation of its use by indigenous peoples in Mato Grosso, Brazil. 4/ It is estimated that a quarter of all prescription drugs are derived from plants and that three quarters of these have been developed from information provided by indigenous peoples. The figure of $43 billion of annual sales has been attributed to the value of medicines derived from plants discovered by indigenous peoples. 5/

14. With respect to the protection of the intellectual property of indigenous peoples, the Special Rapporteur, Ms. Erica-Irene Daes, has been entrusted by the Sub-Commission to elaborate draft principles and guidelines for the protection of the heritage of indigenous people. Reference is made to the series of reports by the Special Rapporteur on this question. 6/ It may be noted that the environmental destruction of bio-diversity is currently threatening the medicinal resource base of indigenous communities. The dramatic changes affecting local ecosystems may eliminate plants used by indigenous healers and may also lead to the extinction of plant or animal species of potential usefulness for humanity. The social disintegration brought about by the loss of indigenous lands, acculturation and inappropriate development is also a factor in breaking the essential collective and cross-generational character of indigenous health knowledge and experience. As has been suggested by several observers, the loss of the knowledge of indigenous healers is equivalent to the destruction of a library.

15. Some comment is necessary on the different approach adopted by indigenous and traditional health practitioners. The World Health Organization defines traditional medicine as comprising therapeutic practices that have been in existence for hundreds of years, before the development and spread of modern scientific medicine, and are still in use today. These practices vary widely, in keeping with the social and cultural heritage of different countries. 7/ While Western medicine focuses by and large on a specific syndrome or disease, indigenous and traditional healing addresses the whole person. Indigenous medicine, as well as being holistic, also makes extensive use of natural cures based on plants and animals. For this reason indigenous healers often have an encyclopaedic knowledge of the local pharmacopoeia. There is and has always been some acknowledgement of this wealth of knowledge. Western scientists visiting the Americas and other regions in the early years of colonization, for example, actively gathered information about medicinal plants from indigenous peoples. Today certain traditional health practices are considered

harmful, others beneficial. There remains, however, among medical practitioners a general reluctance to accept indigenous and traditional medicine, and it certainly does not enjoy the same status as modern scientific medicine.

16. The Workshop on Indigenous Peoples and Health held in Winnipeg in 1993, while recommending the promotion of access by indigenous people to mainstream medicine, also supported the need to develop socially and culturally sensitive local health systems in which indigenous wisdom can be preserved. The Workshop also stated that "indigenous peoples must regain control over their own lives, of which health is only one aspect", and recognized that it is "important to reassess the value of indigenous wisdom and to strengthen the unique elements of indigenous cultures, recognizing that it is the members of these cultures who have the best understanding of their own people, their health and development needs".

Best practices

17. Significant progress has been made in indigenous health in all countries. The experiences of national and indigenous health services can be a source of information of interest to all concerned. Of particular importance are the grass-roots projects being developed by indigenous people themselves which offer a range of options for consideration. For example, in practice certain health problems are more effectively solved through the intervention of family or clan members than of medical, mental health or social services professionals. In other cases, indigenous control over local health services has led to better information being provided to indigenous people on maintaining good health through self-help. International, regional and national health authorities have an interest in exploring ways to promote and support these local indigenous initiatives.

18. Research into specific problems faced by indigenous people, including research by indigenous health professionals, and in providing opportunities for the exchange of information about successful health initiatives has also proved valuable. In this respect, it may be noted that the World Health Organization has initiated phase II of the Indigenous Peoples and Substance Use project, by providing an opportunity for indigenous people to be involved in the design and implementation of a United Nations global project. This is a substantial project including field-level activities and technical input which will be managed by indigenous people. 8/ Another area which is currently receiving attention focuses on ways of reconciling modern scientific medicine with indigenous health practices, possibly through the training of indigenous people. Information about these and other initiatives would be a source of guidance to the Working Group.

Possible discussion points

19. The Working Group may wish to identify some common elements related to indigenous health and consider some of the following questions:

(a) What is the present situation of health of indigenous peoples?

(b) What are the obstacles to improved health among indigenous people?

(c) How can successful indigenous health practices be preserved and supported? How can indigenous people gain greater access to national health services?

(d) What initiatives to improve indigenous health are considered best practices? What general observations can be drawn from these experiences? Are there defined best practices/guidelines for improving indigenous health? If so, have they proved effective?

(e) What policy, programmes and projects could the World Health Organization and the regional health organizations be invited to consider to promote full indigenous health by the year 2000? What action could be recommended to other United Nations organizations and agencies?

(f) Would it be helpful to organize regional and/or national workshops on indigenous health issues in order to contribute to the elaboration of appropriate programmes and projects?

(g) What mechanisms can be developed to establish a process of exchange and consultation on indigenous health issues among the appropriate United Nations organizations, national Governments and organizations of indigenous peoples, as requested by the World Health Assembly at its 1996 session?

(h) How should the Voluntary Fund for the International Decade of the World's Indigenous People be used in order to promote indigenous health?

Notes

1/ The recommendations of the Winnipeg workshop and resolution V are contained in "Health of indigenous people", Pan American Health Organization, 1993.

2/ See José Martínez Cobo, Study of the problem of discrimination against indigenous populations (E/CN.4/Sub.2/1986/7 and Add.1-4).

3/ George Psacharopoulos and Harry Anthony Patrinos (eds.), Indigenous people and poverty in Latin America, World Bank, 1994.

4/ Mervyn Claxton, "Culture, health and civilization", in Culture and Health: orientation texts, prepared by the World Health Organization and the United Nations Educational, Scientific and Cultural Organization for the World Decade for Cultural Development, 1996.

5/ See "Intellectual property of indigenous peoples: concise report of the Secretary-General" (E/CN.4/Sub.2/1992/30).

6/ The reports prepared by the Special Rapporteur include a working paper (E/CN.4/Sub.2/1991/34), a study on the protection of the cultural and intellectual property of indigenous peoples (E/CN.4/Sub.2/1993/28), a preliminary report containing draft principles and guidelines for the protection of the heritage of indigenous people (E/CN.4/Sub.2/1994/31) and a final report (E/CN.4/Sub.2/1995/26). A supplementary report on the draft guidelines and principles will be submitted by the Special Rapporteur to the Sub-Commission at its forty-eighth session.

7/ Progress report on traditional medicine and modern health care presented by the Director-General to the forty-fourth World Health Assembly, 22 March 1991.

8/ A presentation on the WHO consultations on substance and drug use will be made at the fourteenth session of the Working Group.